

# DRIVER RECORD DISCLOSURE REQUEST

PRINT NAME (Company name and/or your name)		FOR VALIDATION ONLY	
MAILING ADDRESS			
CITY	STATE	ZIP	106-060-421-0005
DAYTIME TELEPHONE NUMBER		FAX NUMBER	
Type of information or specific record(s) requested: (Not all driving record information may be available for every request. State and/or Federal law may restrict release of some information)			
If this request relates to a specific person, provide:			
Driver license/ Identification card/ Permit numberor,			
Full name (including middle initial) and date of birth			
Explain in detail the reason(s) the information is	requested and	d how it will be use	ed. (Use additional sheets if necessary.)
Will personal information be provided to others?			
Will named individual(s) be contacted?			
Requester is:  an attorney a government agency (local, state, federal) a private investigator an employer or prospective employer of individual of interest an individual an insurer			
Output/ Media requested: Paper copy (as printed list or photocopy)			
☐ Electronic copy in: ☐ ASCII text ☐ Microsoft Word version Other			
Electronic copy on:   3.5 floppy diskette   CD Rom  Other			

Agreement to protect information and lists of individuals from use for a commercial purpose. Except as provided for in 18 USC Section 2721 (DPPA), Chapter 42.17 RCW, RCW 46.52.120 and .130, and WAC 308-10-050,

#### **FEES**

The Department of Licensing may impose a charge for providing copies of public records.

- Driving record is \$5.00. RCW 46.52.130
- Driver address request is \$2.00 for each up to ten names and \$.15 for each additional name. WAC 308-104-150
- Fees for public records vary. Cost quoted prior to release of documents/data. RCW 42.17.300 and WAC 308-10-045

### **FORMS**

This form and those referenced in this section are available on the Department's website at www.dol.wa.gov

- Individuals seeking their own driver record(s) may use this form or Request for Abstract of Driving Record form TR-511-009
- Employers seeking driver record(s) shall provide Employer Request for Abstract of Driving Record form TR-511-010
- Agents for Employers shall provide Agent for Employer Request for Abstract of Driving Record form TR-511-011
- School Districts shall provide Request for Driving Abstract of School Bus Driver form TR-511-002

## **DRIVING RECORD REQUESTS**

Driving record requests must identify purpose:

- Three-year noncommercial insurance record,
- Three-year commercial insurance record.
- Three-year life insurance record,
- · Full employment/commercial record,
- Volunteer vanpool driver record,
- · School bus driver record, or
- Complete record (shows all convictions, accidents, and suspension/revocation actions).

#### **PRIVACY INFORMATION**

To avoid unauthorized disclosure of information:

- An individual who appears in person to request a copy of his or her own driving record(s) shall provide proof of
  identity and indicate the purpose of the drive record. A document containing both name and photograph must be
  presented to be considered as proof of identity.
- An individual who mails a request for his or her own driving record(s) may use this form and identify the purpose of the drive record or use the Request for Abstract of Driving Record form TR-511-009.
- An individual who appears in person requesting another person's driving record(s) shall show proof of identity and a letter of authorization from the person named on the record(s). The authorization letter must name the individual receiving the record(s) along with the record holder's name, date of birth, address, telephone number, signature, and the purpose of the drive record.
- An individual who mails a request for another person's driving record(s) shall provide form(s) as identified above
  under "FORMS" or shall use this form and identify the purpose of the drive record. RCW 46.52.130 identifies who has
  access to the drive record.
- An individual acting as the **parent or legal guardian of a minor** (under age 18 who is not emancipated) shall use this form to request the minor child's drive record(s) or information. Proof of relationship is required.

## PROCESSING YOUR REQUEST

Mail your completed request, any supporting documentation, and fee (if known) to:

DEPARTMENT OF LICENSING DRIVER RECORDS PO BOX 9048 OLYMPIA WA 98507-9048